

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-031593

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Filed SEP 13 1962

Primary Registration District No. 559

Registrar's No. 128

VS 300
Rev. 4/59

10500
20365

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1286-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS MISSOURI		c. CITY OR TOWN WASHINGTON	
Length of stay in 1b 18 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mountain View Convalescent Home		d. STREET ADDRESS (If outside, give location) 420 High St.	
3. NAME OF DECEASED (Type or print) First Henry R. Middle Uhlenbrock Last Uhlenbrock		4. DATE OF DEATH Month Sept Day 4 Year 1962	
5. SEX male	6. COLOR OR RACE WHITE AMER	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-26-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER		10b. KIND OF BUSINESS OR INDUSTRY INT. SHOE CO.	
11a. BIRTHPLACE (City and state or country) WASHINGTON, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Uhlenbrock		13b. MOTHER'S MAIDEN NAME Augusta Wohlbier	
14. NAME OF HUSBAND OR WIFE Emily T. Uhlenbrock		17. INFORMANT Address Frank Uhlenbrock, Kirkwood, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. INTERVAL BETWEEN ONSET AND DEATH Worse 4 days	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vascular Disease DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY, Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from August 18 - 1962 , to Sept 4 - 1962 and last saw her alive on Sept 4 - 1962 Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. D. ... M.D. (Degree or title)		22b. ADDRESS 112 Mississippi Ave Crystal City Mo	
22c. DATE SIGNED 9-5-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 9-7-62		23c. NAME OF CEMETERY OR CREMATORY St. Francis	
23d. LOCATION (City, town, or county) Washington, Mo.		23e. DATE RECD. BY LOCAL REG. 9-5-62	
24. FUNERAL DIRECTOR Nieberg and Vitt, Inc. Washington, Mo.		25. REGISTRAR'S SIGNATURE [Signature]	

SEP 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Vernon C. Vedder

Licensed Embalmer No.

5031

P. O. Address

Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

* If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.